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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 MAR 30 AM 8:33

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**FLORIDA PROFIT CORPORATION OR P.A.**

**ESCULAPIO MEDICAL REHAB. INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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J. Shivers MAR 31 2005

**ARTICLE OF INCORPORATION**

**OF**

**ESCULAPIO MEDICAL REHAB. INC.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be: ESCULAPIO MEDICAL REHAB. INC.

The principal place of business of this corporation shall be:

13060 KEYSTONE TERR.  
NORTH MIAMI, FL. 33181

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$ 10.00 = \$1,000.00

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

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**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

CARMEN CRISTINA GUTIERREZ	DIRECTOR
13060 Keystone Terr.	
North Miami, FL 33181	

**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

CARMEN CRISTINA GUTIERREZ	PRESIDENT, SECRETARY & TREASURER
13060 Keystone Terr.	100 shares
North Miami, FL 33181	

The undersigned has(have) executed these Article of Incorporation this 30 th day of march, 2005.

  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: \_\_\_\_\_

ESCHLAPIC MEDICAL REHAB. INC.

2. The name and address of the registered agent and office is \_\_\_\_\_  
\_\_\_\_\_ (Name)

13060 Keystone Terr.

(P. O. BOX NOT ACCEPTABLE)

North Miami, Florida 33181

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE \_\_\_\_\_

DATE 3-30-05

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U.S. DEPT. OF JUSTICE  
FALLS CHURCH, VIRGINIA